

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

FORM-GBGift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Anamosa State Penitentiary**Name of Department or Office
406 N. High St. PO Box 10

Anamosa, Iowa 52205

Mailing Address

319-462-3504

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Admin. Asst.

Name

Mailing Address (if different from above)

sheryl.perrin@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:**Camp Courageous**

Name

12007 190th St.

Monticello, IA 52310

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

May & June, 2012

\$29,878.95

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Food - dinner rolls, biscuits, juices, yogurt, sundae cones, cream cheese, cookies, penne chicken, cheese, crescent rolls, pizza rolls, sandwich spread, cereal, pancake mix, butter, sweet rolls, creamer, ravioli, cookie dough, cake, healthy choice meals, waffles, frozen donuts.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

7-17-12

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Sheryl Perrin, Admin. Asst.

Name

Mailing Address (if different from above)

sheryl.perrin@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Barb Szucs

Name

406 N. High St.

Anamosa, Iowa 52205

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/9/12

\$ 8.99

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

1 Book to the inmate library

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ferry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

7-17-12

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Admin. Asst.

Name

Mailing Address (if different from above)
 sheryl.perrin@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

The Pace Family

Name

5915 NW 23rd St.

Oklahoma City, OK 73127

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/18/12

\$4,613.73

Date of Gift or Bequest

Amount/Value*

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 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

192 copies of "the Purpose Driven Life" 208 copies of "Mentor the Kid & the CEO", and one audio book

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Statement of Affirmation:

I, Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

7-17-12

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sheryl.perrin@iowa.gov

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Email Address

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DONOR OF GIFT OR BEQUEST:

Various Inmates

Name

406 N. Hight St. PO Box 10

Anamosa, IA 52205

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

May & June, 2012

\$483.37

Date of Gift or Bequest

Amount/Value*

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receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

18 Books doanted to the inmate library.

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Statement of Affirmation:

I, Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date